



The X Factor: A Paradigm Shift in Mitigating Severe Pressure Ulcer Malpractice Claims

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Your presenters



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Sr. Risk Consultant, Constellation

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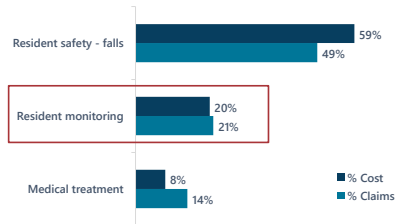


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Top allegations triggering senior living claims

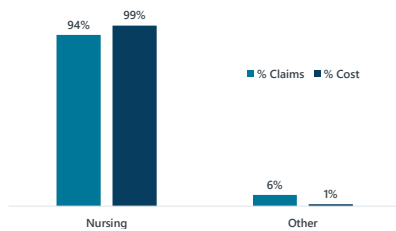


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Constellation MPL claims reviewed 12/31/2021

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Top clinicians involved in senior living improper monitoring claims

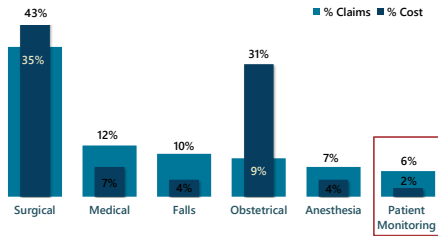


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Constellation MPL claims reviewed 12/31/2021

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Top allegations triggering hospital claims

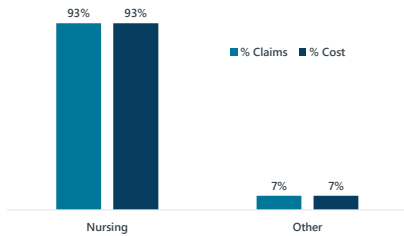


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Constellation MPL claims reviewed 12/31/2021

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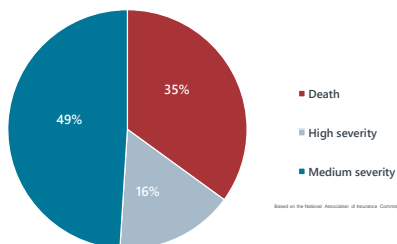
Top clinicians involved in hospital improper monitoring claims



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Clinical severity



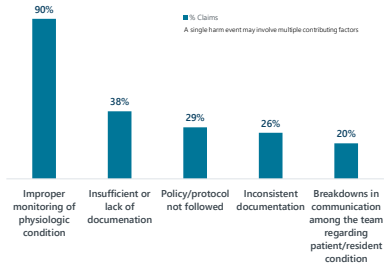
Based on the National Association of Insurance Commissioners severity scale

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Candello Discover Clinical Events 2008 - 2021
Patient monitoring claims resulting in ulcerations

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Top contributing factors

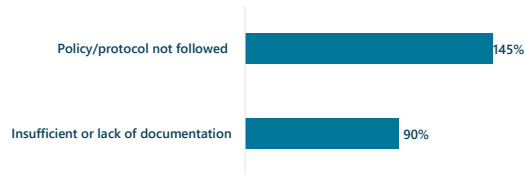


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*Candello Discover Clinical Events 2008 - 2021
 Patient monitoring claims resulting in ulcers
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Contributing factors predict claim losses



2020 National CBS Report, The Power to Predict

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Claim
data

DTIs &
pressure
ulcers

Risk
strategies

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Ulcers vs. injuries: What's in a name?



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1. CMS
 - Stage 1 pressure injuries and DTIs = "Pressure Injuries" (they are closed)
 - Stage 2, 3, 4 and unstageable = "Pressure Ulcers" (they are open)
2. The ICD 10 CM code book:
 - Stage 1, 2, 3, and 4 = "Pressure Ulcers"
 - Deep Tissue Injuries (DTI) = "deep tissue damage"
3. The NPIAP
 - All are "Pressure Injuries" regardless of whether they are open or closed

1. [CMS Quality Reporting Program Provider Training Section M: Skin Conditions \(Pressure Ulcers/Injury\)](#)
2. [CMS: ICD-10-CM](#)
3. [NPIAP: Pressure Injury Staging](#)

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Pressure ulcers ARE "Hospital Acquired Conditions" (HACs)

- Pressure ulcers are found under Subpart (F)(b) "Hospital Acquired Conditions"
- "Serious Preventable Events" is under Subpart (F)(c) (e.g., leaving an object in the patient after surgery, performing the wrong operation, etc.)
- CMS acknowledged that not all pressure ulcers were preventable

24720 Federal Register / Vol. 72, No. 65 / Thursday, May 3, 2007

criteria discussed. Therefore, we are proposing the addition of catheter-associated urinary tract infections as one of the initial hospital-acquired conditions.

We encourage comments on both the selection of this condition and the related conditions that we are proposing to include from being included in ICA.

(b) Pressure Ulcers

Coding—Pressure ulcers are also referred to as decubitus ulcers. The following codes clearly identify pressure ulcers.

- 707.00 (Decubitus ulcer, unspecified site)
- 707.01 (Decubitus ulcer, upper back)
- 707.02 (Decubitus ulcer, upper back)
- 707.03 (Decubitus ulcer, lower back)
- 707.04 (Decubitus ulcer, hip)
- 707.05 (Decubitus ulcer, buttock)
- 707.06 (Decubitus ulcer, ankle)
- 707.07 (Decubitus ulcer, heel)
- 707.08 (Decubitus ulcer, other site)

clearly identified through ICD-9-CM codes. These codes are classified as a CG under the current CMS ICA and as a CG or MCC under the proposed MS-ORCA. Pressure ulcers meet the severity criteria because they are both high cost and high frequency cases. There are clear prevention guidelines. While there is some question as to whether all cases with developing pressure ulcers can be identified on admission, we believe the selection of this condition will result in a closer examination of the patient's skin on admission. This will result in better quality of care. We welcome comments on the proposed inclusion of this condition.

Serious Preventable Events

Serious preventable events are events that should not occur in health care. The injury prevention community has developed information on serious preventable events. CMS reviewed the list of serious preventable events and identified those events for which there was an ICD-9-CM code that would

<http://edocket.access.gpo.gov/2007/pdf/07-10027.pdf>

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Myth: Residents/patients must be turned every 2 hours to prevent pressure ulcers

NIH sponsored, prospective trial to determine the efficacy of three repositioning schedules (2, 3, or 4 hours) for prevention among NH residents

- High risk (Braden scale scores 10-12)
- Moderate risk (Braden scale scores 13-14)



<https://ajph.org/ajph/article/doi/10.1093/ajph/101.11/1911>

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Even high-risk residents did not develop pressure ulcers when turned every 4 hours

NIH sponsored, prospective trial to determine the efficacy of three repositioning schedules (2, 3, or 4 hours) for prevention among NH residents

- High risk (Braden scale scores 10-12)
- Moderate risk (Braden scale scores 13-14)

Results:

- 2% of residents developed pressure ulcers
- All were superficial (Stage 1 and 2)
- No difference in pressure ulcer incidence between 2, 3, and 4 hour turning
- No difference in incidence based on Braden risk



<https://ajphjournalsonline.org/doi/10.1136/aph.2014.00440>

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Myth: Pressure ulcers are evidence of neglect care

- A Multi-site Study to Characterize Pressure Ulcers in Long-term Care under Best Practices (2010)
 - Funded by the California Department of Justice

Purpose

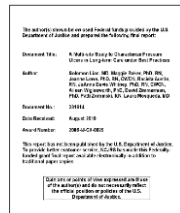
- Pressure ulcers were the #1 reason for legal action against California LTC facilities; however, no consensus existed about whether full-thickness pressure ulcers can occur under the best of care

Setting

- 63 top-performing skilled nursing facilities

Results

- 24 elderly residents confirmed to have had excellent care developed full-thickness ulcers that began at the facility
- They had a high prevalence of:
 - Cardiovascular disease (92%)
 - Dementia (83%)



Multi-Site Study to Characterize Pressure Ulcers in Long-Term Care Under Best Practices, Laura Montague, M.D., August 2010

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Pressure ulcers happen under the best of care 2010 DOJ sponsored trial

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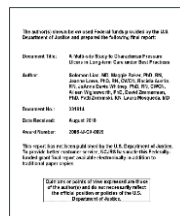
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Multi-Site Study to Characterize Pressure Ulcers in Long-Term Care Under Best Practices, Laura Montague, M.D., August 2010

CONCLUSION: Full-thickness pressure ulcers occur even under excellent care in long-term care facilities

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Wounds and litigation: Staging dangers

- The numeric nature of the staging system (and the term "stage") implies progression from lower stage to higher stage
- If skin breakdown due to maceration and friction are documented as "Stage II pressure ulcers," then any subsequent pressure ulcers in the same area will be assumed by plaintiffs as a progression of prior ulcers



This patient develops lesions described as "Stage II pressure sores" over the buttocks at one institution.

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Wounds and litigation: Staging dangers

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- If skin breakdown due to maceration and friction are documented as "Stage II pressure ulcers," then any subsequent pressure ulcers in the same area will be assumed by plaintiffs as a progression of prior ulcers
- Options to avoid this pitfall:
 - Use specific language to describe the LOCATION
 - Clearly document when lesions RESOLVE
 - State when superficial breakdown is likely due to MOISTURE rather than pressure



Months later the chart documents Stage IV lesions over the buttocks after hypotension and sepsis from pneumonia. Plaintiffs opine that the Stage II lesions became Stage IV due to negligence.

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Wounds and litigation: Staging dangers



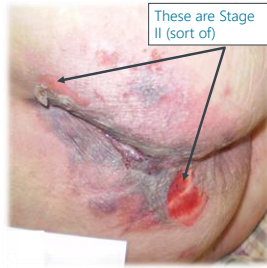
Woman suffered a cervical fracture in a fall from bed, laid on the floor for an unknown period of time before being found.

In addition to paralysis, she had acute respiratory failure and was malnourished at time of admission.

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Wounds and litigation: Staging dangers



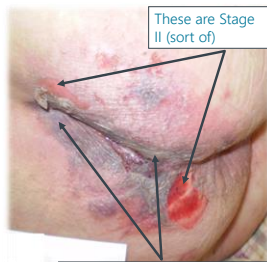
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Wounds and litigation: Staging dangers



Woman suffered a cervical fracture in a fall from bed, laid on the floor for an unknown period of time before being found.

In addition to paralysis, she had acute respiratory failure and was malnourished at time of admission.

The rest of this area is a deep tissue injury (not to be confused with a Stage I)

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Wounds and litigation: Staging dangers



Stage 2 ➔ Unstageable ➔ Stage IV

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Wounds and litigation: Staging dangers



Stage 2 → Unstageable → Stage IV

Could this apparent "progression" have been stopped?

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Can you stop this DTI from becoming a Stage 4 ulcer?

- Bruise-like skin changes on the stump of a woman under her prosthesis = Deep Tissue Injury
 - Rehab was stopped and NO FURTHER PRESSURE WAS ALLOWED ON THIS AREA



This area on the stump was protected from any further pressure from the moment the discoloration was noted.

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Can you stop this DTI from becoming a Stage 4 ulcer?

- Bruise-like skin changes on the stump of a woman under her prosthesis = Deep Tissue Injury
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- Within 11 days the skin began to die and form an eschar = unstageable



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Can you stop this DTI from becoming a Stage 4 ulcer?

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- Within 11 days the skin began to die and form an eschar = unstageable
- Eschar loosens and tendon is exposed = Stage 4 pressure ulcer
- It took about 4 weeks for this DTI to EVOLVE into a Stage 4 pressure ulcer



This area on the stump was protected from any further pressure from the moment the discoloration was noted.

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Pressure injury of the buttock cheeks (?)

- 48 yo morbidly obese (BMI 42) WM
- PMHx: CAD, left ventricular dysfunction, AML, HTN, sleep apnea, anemia, ischemic cardiomyopathy
- Coronary bypass surgery took 5.5 hours
 - MAP ~ 50 mmHg
 - Acute blood loss anemia
 - Hypotensive in ICU (78/44) for >12 hours on vasopressors
- Post-op day #2, large purple discoloration noted over buttocks



Yao, Tracey L. PhD, RN, WCC, CNE, FGA, FAAN, Alderden, Jenny PhD, APRN, CCRN, CCNE, Lewis, Marylene BSN, RN, CWOCN, Taylor, Kristin MSN, RN, CCRN, K. PM, Cavallini E. MD, Angiosome/Vascular Occlusions, Deep Tissue Pressure Injuries, and Compelling Theories: A Case Report. *Advances in Skin & Wound Care* 34(3):157-164, March 2021. | DOI: 10.1051/SJ.WO.2020.02564.10566.31

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Pressure injury of the buttock *cheeks* (?)

- 18 days post-CABG, he was surgically debrided to reduce the risk of colonization because his sternum was open
 - Intraoperatively, plastics noted hematomas on either side of the sacrum
 - A 2.4 cm tunnel ran along the sacroiliac ligament on either side which persisted for 12 weeks
- He remained insensate over the buttock cheeks bilaterally, indicating that sensory nerves were permanently affected



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This was not from LOCAL pressure

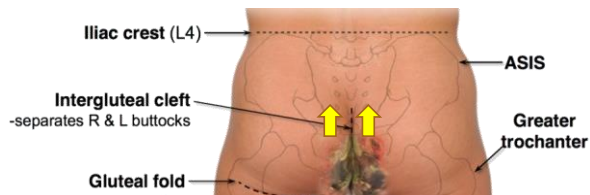


Arrows show where the vessel originates that supplies the buttock cheeks

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This DTI is due to compression against WHICH bones?



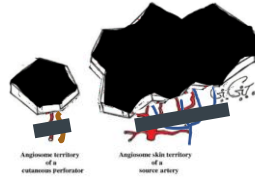
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Angiosome maps, used for >50 years by plastic surgeons to plan flaps



The body is a patchwork quilt of angiosomes - **3-D blocks of tissue supplied by a named vessel**



<https://plasticurgerykey.com/vascular-territories/>
<https://ajcpa.com/index.php/ajcpa/article/download/336/197>

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Factors associated with DTIs & Stage 4 PIs

- Low mean arterial pressure
- Low cardiac output
- Low albumin (Low oncotic pressure - interstitial edema?)
- Vascular disease
- Vasopressors
- Fever
- Arterial hypoxemia
- Decreased oxygen carrying capacity
- Anemia

DTIs and severe pressure ulcers are **INFARCTIONS** of named vessels

Alderden J, Rondinelli J, Cummins M, Popper G, Whitney J. Risk factors for pressure injuries among critical care patients: a systematic review. *Int J Nurs Stud* 2017;71:137-144.

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Severe pressure ulcers do not “progress,” they “evolve” from the inside out

- Patients, senior living residents and families need to understand that not all pressure ulcers are preventable.
- The likelihood of developing a pressure ulcer increases if the person is hemodynamically unstable.
- Once deep tissue has infarcted, severe pressure ulcers do not “progress,” but rather “evolve” from the inside-out along a predictable course.
- **Once a DTI occurs, there is no reliable evidence that this evolution can be stopped.**

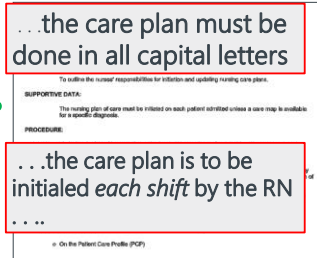


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Preventive legal care: Policies & procedures

- Wound care policies **doomed to fail** contain:
 - Absolute words
 - Inflexible deadlines
 - Unnecessary mandates
- Wound care policies **designed to succeed** contain:
 - Clear guidelines
 - Flexible deadlines
 - Discretionary judgment



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Preventive legal care

- Avoid naming care protocols and policies “*prevention protocols*”
- Avoid dogmatic language such as “*must*” in protocols
- Educate team members that pressure ulcers are NOT considered “*never events*”
- Communicate the concept of “*medical unpreventability*”
 - When patients/residents are hemodynamically unstable, document that they are at high risk for DTIs due to medical factors that cannot be managed
- Communicate risk and set expectations with families of critically ill patients or the frail elderly with hypotension

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Claim
data

DTIs &
pressure
ulcers

Risk
strategies

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Risk mitigation strategies

- Enhance team member assessment and monitoring skills
- Use documentation templates that prompt assessments and ensure consistent documentation
- Develop evidence-based policies that guide care
- Employ communication processes and tools to enhance communication among the team regarding the patient or senior living resident condition
- Manage expectations by using a person-centered, shared-decision making process regarding the risk of deep pressure injuries and severe pressure ulcers

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Questions?



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